12030744979

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
Office Use Only

| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 2FEB 24 12FE4M! EC MAIL (| AMII: 24 Center | | | | | | | | | | |
|-----------------------------------|-----------------------------------|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|
| JENNY WORM | HIN FOR ICIONI | | | | | | | | | | | | | |
| | <u> </u> | <u> </u> | <u> </u> | | | | | | | | | | | |
| ADDRESS (number and street) | UI 311 ALTIG | COMA ROAD | <u>3 95141 </u> | | | | | | | | | | | |
| (Check if address | | | | | | | | | | | | | | |
| is changed) | WEST HOULYWOOD CIA PIOGER- | | | | | | | | | | | | | |
| | · | CITY | STATE | ZIP CODE | | | | | | | | | | |
| COMMITTEE'S E-MAIL ADDRES | SS (Please provide only one e-r | mail address) | | | | | | | | | | | | |
| (Check if address | Worlmanflor | <u>congresse</u> | maill | .com | | | | | | | | | | |
| is changed) | | | | | | | | | | | | | | |
| COMMITTEE'S WEB PAGE ADD | ORESS (URL) | | | | | | | | | | | | | |
| (Check if address | <u> Liennyworm</u> | anflar clonigr | <u> </u> | ning.com | | | | | | | | | | |
| is changed) | | | | | | | | | | | | | | |
| 2. DATE 0 2 10 | 4 Zoiz | | | | | | | | | | | | | |
| 3. FEC IDENTIFICATION NU | JMBER C | | | | | | | | | | | | | |
| 4. IS THIS STATEMENT X | NEW (N) OR | AMENDED (A) | | | | | | | | | | | | |
| I certify that I have examined th | is Statement and to the best | of my knowledge and belief it | is true, correc | ct and complete. | | | | | | | | | | |
| Type or Print Name of Treasure | , <u>Jenny V</u> | wman | | | | | | | | | | | | |
| Signature of Treasurer | for wor | en en | Date Ö | 2'14'2012 | | | | | | | | | | |
| NOTE: Submission of false, errene | ous, or incomplete information in | | | | | | | | | | | | | |
| Office Use Only | | For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 02/2009) | | | | | | | | | | |

| FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|----------------------|--|---|
| TYPE OF C | OMMITTEE | |
| Candidate | e Committee: | |
| (a) X | This committee is a principal campaign committee. (Complete the candidate information be | elow.) |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (information below.) | Complete the candidate |
| Name of Candidate | Verny Worman | |
| Candidate | on PEP Office Y House Senate Precide | State C # |
| Party Affiliat | on EEP Sought: X House Senate Preside | nt District ても |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee | €. |
| Name of Candidate | | 11111111 |
| Party Cor | | |
| (d) | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party |
| Political A | ction Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) It | s connected organization is |
| | Corporation Wo Capital Stock | Labor Organization |
| | Membership Organization Trade Association | Cooperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separa committee. (i.e., nonconnected committee) | te segregated fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | in addition, this committee io a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fund | iraising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candid | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate. | for two or more political |
| Com | mittees Panicipating in Joint Fundraiser | |
| | | |
| 1. | | |
| 2. | FEC ID number C | · |
| 3. | FEC ID number C | |
| 4. | FEC ID number C | |

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|--|--|------------------------|
| Write or Type Committee N | Name | |
| 6. Name of Any Connect | ted Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader | rship PAC Sponsor |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | لــــا-لــــا |
| | CITY STATE | ZIP CODE |
| Relationship: Conne | ected Organization Affiliated Committee Joint Fundraising Representative L | eadership PAC Sponsor |
| *************************************** | | |
| 7. Custodian of Records: books and records. | dentify by name, address (phone number optional) and position of the person in p | ossession of committee |
| | | |
| Full Name | MMY WORMAN | |
| Mailing Address | 11131 A1 ta Loma load #308 | |
| | | |
| | WEST HOLLY WOOD LINE 1908 | 3691-124341 |
| Title or Position | CITY STATE | ZIP CODE |
| | Telephone number | |
| 8. Treasurer: List the name any designated agent (e. | e and address (phone number ~ optional) of the treasurer of the committee; and the reg., assistant treasurer). | name and address of |
| Full Name of Treasurer | WNH: WORMAN | |
| Mailing Address | 11131 ALTA LOMA POAD M308 | |
| | | |
| | | 2691-12434 |
| Title or Position | CITY STATE | ZIP CODE |
| <u> </u> | Telephone number | |

| FEC For | n 1 (F | Revi | sed | 02 | 2/2 | 00 | 9) | | | _ | | | | | | | | | | | | _ | | | _ | | _ | _ | | | _ | | Pag | je 4 | 4 | |
|-------------------------------|--------|------|-----|--------|--------|----------|---|----------|------|---|--|----------|----|---|---------------|----------|-------|-------|--------------|------------------|----------|---|----|-----|---|---|---|---|---|---------------------------------------|---------------|---------|------------|------|---|--|
| Full Name of Designated Agent | 1 , | | | 1 | | <u> </u> | . <u>. </u> | <u> </u> | | | 1 | | | | | | I | | | | | | | | | 1 | _ | | | | | | | | | |
| | | | | I | | | | | | | | | | | | | , | | | | | | | | | | | | _ | | | | | | | |
| Mailing Address | | | | ۱ ا | 1 1 | | <u> </u> | | | | <u> </u> | <u> </u> | | 1 | <u>.</u> ! | <u> </u> | | _ | . | _ - | <u> </u> | | | | | | | | | ـــــــــــــــــــــــــــــــــــــ | <u>.</u> I | | | | | |
| | | | | L | L | 1. | | | | | | | | | | 11 | | | _1 | L | | | L | 1 | | | _ | | L | L | | _]- | - <u>-</u> | | | |
| | | | | | | | | | | | - (| CIT | ΓΥ | | | | | | | | _ | | ST | ATE | : | | | | | ZI | P | | DE | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Telephone number

12050744982

| | Depositories: List all banks or other depositories in which the case or maintains funds. | committee deposits funds, holds accounts, rents |
|------------------|--|--|
| Name of Bank, De | epository, etc. | |
| | | |
| A 4 - 11 | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY | STATE ZIP CODE |
| Name of Bank, D | epository, etc. | |
| | Comenica | 1. |
| Mailing Address | 11433 Sith 15t | |
| | | - |
| | SHINITH MONITHA | LA BOYOU-LI |
| | CiTY | STATE ZIP CODE |

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify): **PREPARER DATE PREPARED**

(3/2005)